

CUMBERLAND COUNTY COUNCIL.

EDUCATION COMMITTEE.

REPORT

OF THE

SCHOOL MEDICAL OFFICER

F. H. MORISON, M.D., D.P.H., &c.

ON THE

Medical Inspection of
School Children.

FOR THE YEAR ENDED
DECEMBER 31st, 1924.

CUMBERLAND COUNTY COUNCIL.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN LADIES AND GENTLEMEN,

I have much pleasure in presenting my Seventeenth Annual Report on the Medical Inspection of School Children, that for the year ended 31st December, 1924.

I—STAFF.

1. The staff of the School Medical Service has during the year remained the same as during the past two years ; but in spite of this, I have no doubt that any one who reads this report and who cares to study the figures and facts herein given, will realize that an enormous amount of good and valuable work has been accomplished, and this in spite of the reduced staff made necessary for economic reasons in 1921.

2. Depression in trade, with as a consequence, unemployment, and consequently depleted funds of a large section of the population with which we have to deal, have in the first place led to more ailments among the child population, and in the second place to lessened ability of the parents to obtain medical advice and help from private sources, consequently the time of the Medical Staff has been very fully occupied, and often great difficulties have been encountered in order to secure early treatment.

3. I have to record, and I do so with great pleasure and satisfaction, the whole-hearted loyalty and support which I have received from each and every member of my staff—medical as well as nursing.

Every member has given his or her very best in the interests of the child population, and that best I am satisfied is of a very high order. Each member too has unsparingly and willingly given many hours of overtime, not only to attending to the medical wants of the children, but also in doing a large amount of clerical work in off time and in the evenings.

I gladly take this opportunity of putting on record my high appreciation of their devotion to their work, and of my personal satisfaction in having such a keen, conscientious and zealous staff to work with.

4. I do not hesitate to say that the last few years of economic stress through which we have passed with the imposed necessity of concentrating on perfecting what we had got has had its compensating effect in better organisation and greater efficiency.

5. On the other hand, there are certain features in school work which have been seriously handicapped by the imposed restricted expenditure, and the most important of these so far as the Medical Department is concerned is the practical stoppage of sanitary improvements in the schools.

6. Some ten years ago I submitted to the Buildings Committee a report on the sanitary condition of practically every school in the County area. That report is now hopelessly out of date, some schools have been improved, but many more have deteriorated. So far as painting and colour washing is concerned, the improvement in the last few years is very marked, but many gross sanitary defects still remain which ought to be remedied.

7. If time permits I propose compiling such a report again, because in my opinion the sanitary condition of the school premises has an important effect on the health of the children. Imperfect conditions in the schools whether they have to do with heating, lighting, or ventilation, have important and far reaching effects on the health of children.

8. It is true that from time to time the attention of the appropriate Committee has been drawn to gross sanitary defects in various schools, and most of them have been remedied, but this is not enough.

The condition of every school should be known to the Committee in order that they may have an approximate idea of the amount of work which is necessary to bring all the schools up to a reasonable standard, and thus to have some knowledge of what expenditure must be incurred.

A certain sum could then be ear-marked each year for improving the school premises.

9. Dr. Towers draws attention to another important matter :—

“I have noticed in a good many schools that when children came into school or when they assemble after play hour, they march into the class-room to the accompaniment

of music, stamping loudly on the floor to beat time with the piano, when large numbers of children enter a class-room, no matter how quietly, dust is bound to be raised, especially from bare wooden floors, but when they enter with a loud stamping of feet, the amount of dust raised is anything but hygienic, and a very bad object lesson. I think the object to be aimed at should be rather to see with how little noise of feet the entry could be made, and with a little practise, time could be kept with the piano quite as efficiently."

10. One other respect in which many, if not most, of our schools fall far short is in the want of provision for drying the wet clothes of children, many must be wet through on their arrival at school.

These points, as well as efficient water supplies, sufficient facilities for washing, satisfactory cloak-room accommodation are all important, and should receive systematic attention.

CLOTHING.

11. With regard to this, I would like again to issue a word of warning. Over-clothing of children can do almost as much harm as under-clothing, and there seems to be a tendency on the part of some parents to grossly over-clothe their children, more particularly if they are considered delicate.

It may be that possibly, in fact probably, the over-clothing is the cause of the delicacy.

Here, for instance is an actual case found in a school in September when the weather was by no means cold. A boy aged 4 years and 7 months was found in school wearing the following :—

2 pairs trousers	1 pair woollen combinations
1 vest and cotton wool	1 shirt
1 heavy woollen vest	3 jerseys
1 lined waistcoat	1 coat

2.—CO-ORDINATION.

12. The various branches of the Public Health Service in the County include in addition to school work :—

- (a) Maternity and Child Welfare.
- (b) Tuberculosis.
- (c) Venereal Diseases.

and as each member of the staff takes his share under each branch (with the exception of venereal diseases), and this applies to the Nursing Staff as well, and all are under the administrative control of the County Medical Officer, who is also the School Medical Officer, complete co-ordination is established, and there is the easiest transference from one branch to another.

There are no Nursery Schools in the area.

13. The care of debilitated children between the ages of one and five falls upon the Maternity and Child Welfare Branch.

In my opinion much more ought to be done under this heading than has been possible in the past. It is hoped that in the near future this part of the work will be adequately extended.

MEDICAL INSPECTION.

14. For administrative purposes the County is divided into six areas, with a Medical Officer in charge of each. Beyond slight changes in administration, no alteration in the system has taken place during the year.

AGE GROUPS OF CHILDREN INSPECTED.

15. These have remained as in previous years. Suggestions have been made from time to time in various administrative areas that one of the three Code groups should be omitted. In my opinion this would be a grave error, and I am glad to note the following paragraph in the Annual Report for 1923 of Sir George Newman :—

"The Board are requested occasionally by a few Local Authorities to give permission to omit one of the three age groups which it is necessary to inspect under Article 58 (b) of the Code. The reason usually put forward is that the time and money spent on the inspection could more profitably be devoted to other activities. The Board have in every instance consistently resisted this plea. I have in my previous reports repeatedly emphasised the fundamental importance of the periodic inspection of the healthy as well as the ailing child. Here is indeed a first step in Preventive Medicine, a front line defence against disease ; and this, one of the true objectives of medical inspection, seems to be occasionally lost sight of. It is not less important to ascertain by inspection that an apparently healthy individual *is in fact* healthy than it is to discover the seeds or the beginnings of disease. But this cannot be done except by the periodic examination of every child in the school. What may be needed is not a less frequent but possibly a more frequent inspection during school life, for there is every indication to support the view that the number of inspections as at present laid down by Statute are too few rather than too many."

16. The children inspected come into the same groups as previously, viz., Code Groups, Entrants, Intermediates (8 years of age), and Leavers (12 years of age and over). Specials, *i.e.*, children of any age not being Code or routine cases, and re-examinations, *i.e.*, children who for any reason it is considered advisable to examine more than once in the year.

The numbers coming under each group will be found in Table I at the end of this report.

17. The amount of work coming under this heading has increased very considerably during the year *e.g.* ; 1,049 more Code group children were examined than in the previous year, 757 Specials and 3,186 more re-examinations took place.

It is, however, sheer waste of time to simply examine children and let the matter rest there. In the present state of affairs it is too much to hope that every child notified as having some defect will get treatment, but unless a fair percentage of those so notified receive adequate medical treatment, then the time of the Medical Staff is wasted, and public money is spent uselessly.

I hope to show later that the amount of treatment actually carried out is, at least, a fair return for time and money expended.

18. But in any given school where all the Code Groups, Specials, and Re-examinations have taken place, the work of the Medical Officer is by no means finished.

All the remaining children in school, in large schools a not inconsiderable number, are assembled, and what we know as the "march past" takes place.

In the first place all these children are examined as to cleanliness and freedom or otherwise from vermin by the Nurse, any bad cases noticed are referred to the Medical Officer for confirmation or otherwise.

The children then pass one by one before the Medical Officer, who looks at their general condition, the state of their teeth and throat, and in this process many "Specials" are picked out for more thorough examination.

This is a most useful part of the inspection.

The Board's schedule has been adhered to with the slight exceptions noted in the report for 1921.

19. The steps taken to secure the early ascertainment of crippling defects have been fully explained in previous reports (see appendix B in report for 1922).

FINDINGS OF MEDICAL INSPECTION.

20. It may be difficult, if not impossible to make any useful comparison between the findings this year and in

previous years, owing to the fact that this year the Board's tables (at the end of this report) have been considerably altered, made much simpler and more definite.

21. In Table II will be found set out in detail the number and class of defects which were found. In considering this, however, it must be remembered that in a great many instances more than one defect is found in one child, and whilst each defect is counted in the total number of defects found (see Table II A), the number only of children examined is given (Table II B) irrespective of the number of defects from which any child may be suffering.

Thus of the 7,912 children examined under the Code Groups, 1,220 required treatment, equal to 15%. The percentage in "Specials" requiring treatment is of course much higher than this, they are selected for examination because they are suspected of having some defect.

22. In the Code Groups it will be noticed that while 14% of Entrants required treatment, 17% of Intermediates, and 15% of Leavers also required treatment.

If these figures can be taken as the normal findings of medical inspection in any given year, and there is no reason to suppose that they cannot, it is a strong argument in favour of the attitude taken up by the Board when they decided that Intermediates must be included in the Code Groups.

I think it would be safe to say that with an efficient Maternity and Child Welfare Scheme in full operation, the present number (14%) of Entrants requiring treatment would be greatly reduced.

Further, I think it is a matter for careful enquiry, why if we have 14% of Entrants requiring treatment, we should have 17% of Intermediates and 15% of Leavers.

CLEANLINESS.

23. During the year 451 cases of uncleanness were reported by the Medical Staff. A percentage of two of the

total number of children examined, so that the improvement noted in former years still continues.

The Nurses paid 728 visits to the schools, and made 48,575 examinations, of this number 720 were found verminous. As has been previously said verminous conditions are now confined to the few and habitually dirty. In this connection Dr. Towers reports: "It is a fact that the majority of these cases are furnished by a small group of families, and always the same ones year after year.

In two specially bad cases, I received valuable help from the Inspector N.S.P.C.C. In seven other cases he "kept an eye" on old offenders, with the result that the children in question were cleaner, and for a longer period than I have ever seen to be the case."

Much valuable assistance in looking after habitually dirty children has been given by the other Inspectors N.S.P.C.C. in all parts of the County.

24. In this section of the Report as well as in the section devoted to treatment, I propose to deal with the various items in the order in which they are given in Table II.

Skin Diseases.

25. Of these, there were 956 referred for treatment, whilst 50 were to be kept under observation.

They consisted principally of —

Ringworm of the Head	...	...	105
" " Body	...	...	48
Scabies	...	...	87
Impetigo	...	...	500
Small Septic Sores, &c.	...	...	266

Eye Diseases.

26. Of these, including defective vision and squint, there were 1,105 referred for treatment, and 888 to be kept under observation.

27. Included in these two groups are the majority of

Minor Ailments

referred to in group 1 of Table IV, of these there were 2,094 referred for treatment.

These figures show a marked decrease of all these minor ailments found at the medical inspection in any previous year, and their diminished incidence represents the saving of a great deal of discomfort and ill-health to the children, as well as an increase in attendance at school.

28. The marked decrease in the incidence of minor ailments and uncleanness is not the unimportant matter that some critics of medical inspection would have us suppose.

"Uncleanness is a criterion of the conditions of life in the home—it constitutes a sign of parental responsibility. An improvement in cleanliness represents a degree of betterment in domestic hygiene—and it means that one of the sources of disease, of tuberculosis, of the exanthamata, of infantile diarrhoea, of impetigo, and of other skin diseases, is being slowly but inevitably stopped. Parents are coming to realise and appreciate the fact that the removal of pediculosis, for instance, is a means to an end, and that the end is not reached by the destruction of a louse in the head—for the louse is but a sign of a graver defect—but by a clean home and a clean body." (Sir George Newman's Annual Report 1923).

Ear Diseases.

29. Of these there were 222 referred for treatment, and 63 to be kept under observation.

Thus slightly over 1% of the children examined whether as Routines or Specials required treatment for middle ear disease. The erroneous and dangerous fallacy that so long as a "running" ear continues to run, no harm can come, is still very prevalent, and should be combated by all possible means. Some people, however, are difficult to convince.

It cannot be too strongly emphasised that so long as a "running" ear continues there is constant risk, risk not only of the hearing being permanently damaged, but risk of serious or even fatal results following extension of the inflammation to the brain.

A chronic discharge of this nature has always a marked liability to interfere with the health of a child.

30. The main causes of this condition are :—

1. Neglected Enlarged Tonsils and Adenoids.
2. Certain Fevers, such as Measles and Scarlet Fever.
3. Septic conditions of the Teeth and Gums, causing a chronic inflammatory condition of the nose and throat.

The causes being as stated, it is obvious what preventive measures should be adopted :—

(a) Immediate attention to any septic conditions of the mouth and throat, and

(b) Careful treatment of all children during and after an attack of such infective conditions as Measles and Scarlet Fever.

Nose and Throat.

31. Included under this heading are all children suffering from enlarged Tonsils or Adenoids, or both in combination. Of these, there were 354 referred for treatment and 1,459 for observation.

Of all the conditions which effect school children, probably the most common are those conditions of the nose and throat. Some cases show simply a catarrhal or inflammatory condition of the throat, whilst others show an enlargement or overgrowth of certain tissues in the throat and at the back of the nose, the inflammatory conditions being always the first indication that all is not well.

32. Therefore if these cases are taken in hand at the earliest indication, and the cause or causes of the inflammation are removed, in a large majority of the cases cure is

rapid and complete. If, however, simple treatment is neglected, and nothing is done to remove the sources of the trouble, then matters become worse, and in many cases operation becomes necessary.

33. The main causes of these conditions arising are :—
 1. Bad teeth, leading to septic conditions of the mouth.
 2. Insanitary conditions, of any kind, in or near the homes, such as foul midden privies, and the large accumulations of manure about so many farm houses.
 3. Impure water supplies in some of the rural districts.

From the figures and facts above given, three important lessons can be learnt :—

1. That in any district or school in which these conditions of the nose and throat are prevalent, the cause of these conditions should be sought for and remedied at the earliest possible date.
2. The value of periodical medical examination in order to recognise and cure the earliest signs of disease lest worse befall.
3. The infinite pains that are taken by the Medical Staff to try every means of cure before operation is advised, as is shown by the difference in numbers referred for treatment, and referred for observation.

34. It has often been contended, and I believe rightly so, that children suffering from such conditions are more susceptible to infectious diseases. The truth of this is borne out by some observations carried out in London and referred to as follows in Sir George Newman's report :—

“It is very generally held that the presence of enlarged tonsils in a child increases the risk of contracting infectious diseases, and that removal of the tonsils (and adenoids) diminishes this risk. In one school it was found that one in

nine children with enlarged and untreated tonsils suffered from Scarlet Fever as against one in twenty-eight of the others. In another, the incidence of infectious disease upon the school children generally was 28 per cent., while in those who had been operated upon for enlarged tonsils and adenoids, the incidence was only 4·8 per cent. There were numerous examples where a child who had been operated upon was intimately exposed to infection subsequently without contracting the disease."

Heart and Circulation.

35. There were 68 cases of Organic Heart Disease referred for treatment and 79 for observation.

Of the large number of functional cases only 26 were referred for treatment, whilst 696 were referred for observation.

Lungs.

36. Included under this heading are cases of Bronchitis and Lung conditions other than Tuberculosis.

In this group there were 219 referred for treatment, and 911 to be kept under observation.

Tuberculosis.

37. Thirty-three definite cases of Pulmonary Tuberculosis were found (6 Routine and 27 Specials), whilst 234 suspected cases were noted for further observation (55 Routines and 179 Specials).

Seventy-five cases of Tuberculosis affecting other parts of the body than the lungs were also noted.

Defective Vision.

38. One thousand three hundred and seven cases were noted, 701 were referred for treatment, and 606 to be kept under observation.

These cases are included under the heading above "Eye Diseases."

Dental Defects.

39. It has only been possible to refer the very worst cases found at the medical inspections, viz., those with abscesses or septic mouths to the Dental Officer, as it is quite impossible for one dentist to treat all the cases. However, a good start has been made, and it is gratifying to note that a much larger percentage of children requiring treatment are actually getting it than was the case when this work was first started.

40. In September, a new Motor Van, completely fitted up as a Dental Surgery, was started in order that rural school children might benefit by dental treatment.

From the commencement this van has been an unqualified success. It has been found almost contrary to expectations that a higher percentage of rural children are anxious for treatment than is the case with urban children.

In large measure I attribute the success of the dental treatment to the skill and personality of the Dental Officer, Mr. F. E. Gillieron, and we are fortunate in having in this officer a man who is able and willing to drive the motor dental van himself.

Deformities—Crippling Defects.

41. The methods by which crippling defects are brought to our notice have been fully recorded in previous reports. During the year 146 new cases were added to the register.

INFECTIOUS DISEASES.

42. Scarlet Fever, although in most areas of a mild type, has been prevalent during the year, and in Brampton rural district has continued practically throughout the year.

I am firmly of the opinion that a great many of the cases need never have occurred if facilities for isolation had been better used, and if all District Medical Officers of Health would make the prompt and thorough enquiry into the first notified case which some Medical Officers do.

I have heard of children excluded from school for Scarlet Fever subsequently found in the school play-ground playing with the other scholars.

43. School closures on account of Infectious Diseases were as follows:—

<i>Disease.</i>	<i>No. of Schools closed</i>			<i>Period.</i>
Whooping Cough	...	18	...	1-7 weeks
Measles	...	7	...	1-4 "
Chicken Pox	...	3	...	1-4 "
Influenza	...	57	...	1-4 "
Diphtheria	...	1	...	1 week
Scarlet Fever	...	3	...	1-3 weeks
Small Pox	...	1	...	4 "
Influenza & Whooping Cough	17	...	...	1-3 "
Chicken Pox and "	1	...	...	1 week
Mumps and Scarlet Fever	2	...	...	1 "

FOLLOWING UP.

44. Now that the Clinics are firmly established, and have become so popular, the work of following up in urban areas where the Clinics are available has become considerably easier than it was.

The Clinics, however, do not affect the rural areas, and the amount of work to be done by the School and District Nurses is reflected in the following table, which shows the conditions for which the homes were visited by the Nurses, as well as the number of visits paid:—

<i>Condition.</i>	<i>No. of Cases.</i>		<i>No. of visits paid.</i>	
Malnutrition	...	22	...	79
Uncleanliness	...	244	...	475
Skin Diseases	...	190	...	420
Eye Conditions	...	495	...	812
Ear	„	142	...	555
Nose and Throat	...	127	...	293
Heart and Circulation		178	...	471
Lungs (Non-Tubercular)		110	...	362

<i>Condition.</i>	<i>No. of Cases.</i>	<i>No. of visits paid.</i>
Lungs (Tubercular)	12 ...	40
Pretubercular ...	90 ...	281
Other Tuberculous Conditions	7 ...	18
Deformities ...	50 ...	115
Glands ...	34 ...	94
General Cases ...	110 ...	265
Total ...	1811	4280

In addition to these, 790 visits were paid by District Nurses to 300 cases requiring dental treatment.

MEDICAL TREATMENT.

45. The arrangements for treatment have been dealt with in previous reports, and are summarised in the report for 1923, pp. 16-18.

In that report Dr. Fraser states that "Every effort is made to ensure that in the absence of special circumstances, cases shall be referred to the family doctor in the first instance."

46. It is still often stated by those who are not acquainted with facts, that the School Clinics interfere with Private General Practitioners, in this connection I would like again to quote from Sir George Newman's Annual Report for 1923.

"First of all, the treatment provided at the School Clinics is an alternative to treatment by the General Practitioner. Parents seeking medical treatment for their children are advised to consult their own doctor. If, however, for various reasons, *e.g.*, because of inability to afford the expense, or because it is nursing rather than medical treatment that is required, or because their own doctor is unwilling to provide the treatment necessary, this course is impracticable, then they are afforded treatment under the Authorities treatment scheme. Moreover, the Authorities

treatment scheme is not available to all and sundry. No child would be accepted by the Authority whose parents were obviously in a position easily to afford the cost of treatment which the Private Medical Practitioner was willing and able to give—and even if parents cannot afford the doctor's fee, and consequently are accepted for treatment by the Authority, they will still be charged a certain amount to meet the cost of treatment, unless it is clearly proved that they are in necessitous circumstances, and therefore not able to afford a contribution.

Secondly, the ailments for which the Authority provide treatment are restricted in number and kind, and have been carefully selected for particular reasons. Few, if any, Private Practitioners wish to treat at a very small fee children of poor parents who require spectacles or operation for enlarged tonsils and adenoids or dental treatment. It would not be worth the doctor's time or trouble, nor has he the necessary accommodation or facilities. No Private Practitioner wishes to have his consulting room filled every day with children suffering from contagious skin diseases, discharging ears, minor cuts or bruises, or dirty heads. Yet it is conditions of this kind that the Authority must be prepared to treat, and in doing so they not only do not compete with the doctor, but they actually relieve him of an unprofitable burden which he would otherwise have to shoulder. On the other hand, medical inspection by the State has led to a vast number of references of patients to Private Practitioners."

47. There can be no doubt that the Clinics serve a very useful purpose in that they secure the treatment of a large number of defects which would otherwise not receive treatment, and further secure that doubtful cases are kept under careful observation.

The following tables give some indication of the amount and scope of the work at the School Clinics.

<i>Clinic.</i>	<i>New Cases.</i>			<i>Visits.</i>
Cleator Moor	...	550	...	2156
Cockermouth	...	416	...	2146
Egremont	...	81	...	174
Maryport	..	364	...	2366
Millom	...	357	...	2939
Penrith	...	204	...	1269
Wigton	...	316	...	1449
		<hr/> 2288		<hr/> 12499

The Clinic at Egremont was only opened on the 9th October, 1924.

48. The following is a summary of the work done at the Clinics during the year :—

<i>Condition for which Child attended the Clinic.</i>	<i>New Cases.</i>		<i>No. of Visits.</i>
Malnutrition	..	18	114
Uncleanliness	...	94	637
Skin Diseases	...	695	4118
Eye Diseases	...	178	1346
Ear Diseases	...	118	1066
Nose and Throat	...	62	273
Enlarged Glands (Non-Tubercular)	25	...	139
Heart and Circulation	...	83	313
Lungs (Non-Tubercular)	...	136	564
Lungs (Tubercular or Suspected)	115	...	775
Tuberculosis (Non-Pulmonary)	40	...	316
Nervous System	...	17	81
Deformities	...	29	64
Minor Injuries	...	325	1341
Brought for Examination only	98	...	168
Other Defects and Diseases	251	...	1160
		<hr/> 2275	<hr/> 12475

49. At Cleator Moor and Millom the work, owing probably to unemployment, has again been very strenuous, but has been very satisfactorily done by Dr. Towers.

So congested did the work become at Cleator Moor that it became necessary to devote one whole day per fortnight to the School Clinic alone, it may be necessary, as it is certainly advisable, to do the same at Millom.

Dr. Towers reports as regards Millom as follows :—

“I regret to report that Millom Clinic is very far from satisfactory. The attendances have gone up from 2,595 in 1923 to 2939 in 1924, a figure far in excess of that at Cleator Moor. Further, the time available has been less than half that at Cleator Moor, for on one and the same morning the work connected with the distribution of milk has to be done and fresh applications considered, followed by the very large School Clinic, and a moderate but growing Maternity and Child Welfare Clinic.

This same amount of work at Cleator Moor is spread over one whole and two half-days. I am afraid it will be utterly impossible to continue at Millom on the present basis.”

50. As soon as the suggested additions to the staff are made, new and more satisfactory arrangements will be made at Millom.

It may also be possible to open Clinics in more urban centres. But Clinics cannot and do not cater for the population beyond a radius of say two to three miles, and it would be unreasonable to expect otherwise, thus we do not cater at all for children living in rural areas, and in my opinion there is just as much need for treatment in rural areas as in urban areas.

51. It is obvious, therefore, that as rural children cannot come to the Clinic, the Clinic must go to the children, and the only method by which this can be done, and I suggest it to the Education Committee for their consideration as an extension in the future, is a Motor Van, similar to the Dental Van, fitted up as a complete travelling Clinic.

52. Briefly stated, the treatment of the individual defects is as follows :—

Skin Diseases.

Referred for treatment.	Treated.
956	897

Eye Diseases.

Referred for treatment.	Treated.
1105	623
(Including defective vision and squint).	

53. There is great reluctance on the part of many children to wear glasses, and this reluctance is rather increased than diminished by the strange attitude of many parents who object strongly to their children wearing them. Why this should be so it is difficult to realise, one can only put it down to the fact that so little is known about why it is necessary, in certain cases, to wear glasses, and why when it is necessary they should be worn constantly.

Minor Ailments.

54. All these are included in various groups in Table II.

It is difficult to give any figures indicating the prevalence of these conditions. Over 3,000 must have received treatment during the year.

I think it can safely be said that every case receives treatment, either by the Medical Officer or Nurse, or both, at the Clinic or in the child's own home by a Nurse, acting under instructions from a Medical Officer.

Cases are sent to the Clinic, irrespective of medical inspection, by Teachers or Attendance Officers, and are frequently brought by parents without instructions from anyone.

Ear Disease.

Referred for treatment.	Treated.
222	207

Nose and Throat Diseases.

Referred for treatment.	Treated.
354	157

Included in the two last groups, 58 cases were referred to Dr. Syme for his opinion. Sixteen were operated upon by him, 25 operated on in local hospitals, and in addition 27 cases were operated on privately.

Heart and Circulation.

Referred for treatment.	Treated.
303	243

Lungs — Non-Tuberculous Diseases.

Referred for treatment.	Treated.
219	203

55. The figures here given are no indication of the prevalence of such conditions as Bronchitis in school children, for the majority so suffering have to be kept away from school during the acute stages of the attack. Nevertheless it is of the utmost importance that these children should be kept under careful supervision, it will be noted that in the course of medical inspection 911 were noted to be kept under observation. All of them will be re-examined from time to time in school, those absent from school at the re-visits will be visited at home in order that treatment, if necessary, may be obtained.

56. *Tuberculosis. Pulmonary.*

Referred for treatment.		Treated.
Definite ...	33	25
Suspected	208	187

At the beginning of the year, 6 children (3 boys, 3 girls) were under treatment for Pulmonary Tuberculosis in the Sanatorium, 9 (5 boys, 4 girls) were admitted and discharged during the year, while 14 (5 boys, 9 girls) were admitted and were still in the Sanatorium at the end of the year.

Non-Pulmonary.

Referred for treatment.	Treated.
61	40

Details of these cases will be found in Table II.

57. *Diseases of the Nervous System.*

Referred for treatment.	Treated.
25	11

58. *Deformities.*

Referred for treatment.	Treated.
110	65

At the present time we have the names of 344 cripple children on our register.

These children have become crippled through one of four main causes :—

- | | |
|-----------------|-----------------------|
| 1. Tuberculosis | 3. Paralysis |
| 2. Rickets | 4. Congenital defects |

59. The present problem is a two-fold one :—

1. What can be done to remedy so far as possible the present state of these children ; and
2. What should be done to prevent such crippling arising in the future.

It is a common belief that not much can be done to improve the appalling deformities from which many of these unfortunate children suffer. As a matter of fact there are few of the deformities which cannot be remedied to such an extent as to make these children into useful citizens.

In some cases one operation may suffice, but in others two, three or even more operations may be necessary, and the real treatment may then have little more than commenced.

60. In many cases prolonged treatment in hospital is necessary.

In cases of Tuberculosis of the Spine for instance, hospital treatment may extend to as much as three years. In other cases prolonged stay in hospital may not be necessary, but provision must often be made for their adequate after-care and skilled supervision at home, and parents should be taught that more than one short stay in a hospital and more than one operation and prolonged after-treatment may be necessary for the satisfactory treatment of their children.

It is the repeated admissions to hospital and the prolonged treatment which makes so many parents dissatisfied, and these are the reasons, I have no doubt, which make some parents refuse treatment altogether.

61. The facilities for the treatment of Cumberland cripples now available are :—

1. A hospital, probably second to none in the country for its situation and equipment, provided by the generosity of Mr. O. W. E. Hedley, situated just outside Windermere, and available at a small charge for their use.

The visiting surgeons are Mr. Harry Platt, F.R.C.S. and Mr. E. S. Brentnall, F.R.C.S., both of Manchester.

The Medical Superintendent is Mr. C. H. Hough, M.R.C.S.

2. In the selection of cases for hospital and guidance as to treatment we have been much indebted to Mr. Platt and Mr. Brentnall, who visited the County in June, and saw for us 231 cases.
3. After-care Clinics have been held monthly at four centres in the County. Cases are seen as often as may be necessary to supervise progress. Plasters and appliances are fitted and adjusted, and directions given.

During the year 138 appliances were provided or renewed, and 71 plasters applied.

The attendances at these Clinics numbered 567.

We are also much indebted for assistance and advice to Mr. Hough, who frequently attends the Clinics.

62. A recent article written by Sir Robert Jones, emphasises better than anything I can say, what I believe :—

“If an operation has to be performed it is only a primary incident, and is followed by a long and intensive re-education.

A Surgeon's duty is not ended when a crooked limb is made straight. On the contrary, the more difficult stages may yet remain. The bone has to be hardened, the muscles made pliant and responsive, the nerve cells quick to act, and all requires well organised reconstructive effort.

The cells of the body are not only chemists preparing antidotes to poisons, many of them are specially endowed with mechanical functions which they exercise in response to the calls made upon them. If these calls are not made they atrophy and become inert. The cells of bone have the power of taking down and of building new bone, and throughout life they continue to do so according as the bone has to meet mechanical strain or not.

When a boy goes into training we all know his bones get stronger and harder, his muscles get bigger and firmer, his nerve cells work more promptly, enabling him to move quickly. If the same boy gets a limb destroyed or deformed, his bones become lighter and weaker. If the limb is kept a long time disused, the bone cells take down the bone structure no longer needed, the muscles waste, and the nerve cells become lethargic.

After the injury or deformity is recovered from, they all have to be trained again. The musician, the sculptor, the

artist, the trained mechanic, the athlete must practice his art or his craft to keep all the elements of his body in proper co-ordination. This is a common-place in ordinary life, yet few people realise that in a mutilated or deformed limb, muscles can be made to learn to do things they never did before. Bones can be rearranged, and the bone cells will build them up to meet the new strains, nerve cells can be taught to send messages to muscles by newly constructed routes.

To bring about this reconstructive work it is not enough for the Surgeon to repair divided nerves ; to transplant muscles in the place of those destroyed or paralysed ; to graft bone in the place of bone that is lost. He must see that not only are these structures developed, but that they are trained to do their new work. This is all more difficult than training a boy for a contest in athletics, for that involves training normal limbs to do their normal work with special skill. In a reconstructed limb every tissue has to be trained from the beginning to perform its own quota in conjunction with the others. Bones, joints, muscles, and nerves have all to undergo what is called adaptive growth. By adaptive growth we mean the wonderful power of the living tissues, whether plant or animal, have of adapting themselves to the work they have to do. Trees throw out roots to protect themselves against prevailing winds, and to tap the nearest water supply ; flowers turn towards the sun. So in the animal frame, bone cells construct bone to meet the strain thrown on them, and shape the joint ends to fit the movements required ; ligaments and fibrous tissue adapt themselves to hold the parts of the body together ; muscles adapt themselves to the movements they control.

From all this it is obvious that a cripple who has had his deformity rectified, or his muscle transplanted, or his nerve sutured, requires the most devoted and continuous after-care, otherwise recurrence becomes the rule rather than the exception."

63. Owing to difficulties of transport, or the great distance to be covered, it has been found impossible for some

children to attend the Clinics regularly. This we hope will be compensated for to some extent in the future by the recent appointment of a special Orthopædic Nurse, who will visit and direct the treatment of these cases at their own homes. The dual effect of this will be that all cases will now receive after-care, and many parents who have hitherto, in spite of all difficulties, brought their children to the Clinics, will be spared the anxiety and toil of such visits.

64. Whilst writing my report, sanction for this arrangement as an experiment has just been received from the Board of Education in the following letter —

“The Board note with appreciation the excellent work which has been done during the past few years in spite of many difficulties arising from the difficult nature of the country and from the lack of facilities for transport. It is clear, however, that such good results could not have been attained if it had not been for the interest taken in the work by the Authority's Medical Staff, and the care and time which they have so readily devoted to it. In view of Dr. Bywater's report, the Board are prepared to approve as an experiment for one year (*i.e.*, till the 31st March, 1926) the Authority's proposal to carry out after-care in the homes of the children instead of at subsidiary Clinics in addition to that already carried out at the four main Clinics.”

65. Up to the present, treatment of cripples has almost entirely been confined to children of school age. But there are a considerable number of Congenital Deformities to be dealt with, and as the majority of these ought to receive treatment soon after they are born, it is proposed to submit at an early date, a scheme for the treatment of children under the age of 5 years to the Ministry of Health, so that the necessary treatment may be made possible under the Maternity and Child Welfare Act.

66. Early treatment can prevent nearly all acquired deformities, and the most common Congenital one, Club Foot, can be cured without surgical operation by manipulation and splints.

The bow legs, knock knees, or legs and thighs variously deformed, so familiar in our towns, can, if treated early by suitable diet, fresh air and sunlight, have their further development of deformity arrested, and the cure of what is present can generally be effected.

67. In Tuberculosis, we know that if treatment is commenced early, deformities of the Spine and other bones and joints which are so common, can be largely prevented and that by early treatment much suffering can be saved, and loss of life prevented.

68. Probably the best example of what can be achieved by preventive measures is to be seen in Infantile Paralysis or Poliomyelitis.

This disease, in addition to providing a quarter of the cases at present on the Cripple Register has also provided the most serious deformities.

Infantile Paralysis starts as an indefinite acute infective fever, followed by a stage in which paralysis of various muscles shows itself.

By early splint treatment and prolonged rest in bed, the fixed deformity so common now, and often requiring many operations to relieve, can be prevented.

This early treatment can now be obtained in the Ethel Hedley Hospital, consequently it is of the utmost importance that all cases of Poliomyelitis should be notified at the earliest possible date.

69. It is not necessary here to say anything as to how the Cripple scheme in Cumberland came into being. This is dealt with in a report by Dr. Kenneth Fraser, Deputy School Medical Officer, and published as an appendix to the Annual Report of the School Medical Officer for 1922.

To both Dr. Fraser and Dr. Mc.Murtrie the Cripples in Cumberland are deeply indebted, for it is owing to their untiring efforts, made at the sacrifice of much of their scant leisure, that so much has been done for them.

To Miss March and all her Nurses we are also greatly indebted for much overtime, willingly given, and for the extraordinary efforts they have made in securing that every cripple child shall have attention.

CRIPPLES, 1924.

TABLE A.

New Cases	...	...	...	...	146
On Register at 31/12/24	...	...	...	...	344
On After-care List	...	...	...	...	245
Attendances at After-care Clinics	...	...	...	...	567
Seen by Consulting Surgeons	...	...	...	...	231
(these are extra to the attendances at After-care Clinics)					
Appliances Provided or Renewed	...	...	...	...	138
Plasters	...	...	...	...	71
Admitted to Hospital or continued from 1923	<div> <div></div> <div>Windermere</div> <div>Oswestry</div> </div>				42
Discharged from Hospital	<div> <div></div> <div>Windermere</div> <div>Oswestry</div> <div>Stannington</div> </div>				38
					18
					2
Awaiting Admission to Hospital 31/12/24	...	...	...	...	38
X-rayed	...	...	...	...	10
Awaiting X-ray	...	...	...	...	8
Wasserman Tests	...	...	...	...	3

TABLE B.

ANALYSIS OF DISEASES OF CRIPPLES ON REGISTER 1924.

<i>Type of Disease.</i>					<i>No. of Cases.</i>
Poliomyelitis	...	...	...	...	85
T.B. Joints	...	...	...	...	20
Rickets	...	...	...	...	30
Congenital Defects	...	...	...	...	36
Birth Palsy	...	...	...	...	14
Injuries (including Fractures)	...	...	...	...	19
Osteomyelitis	...	...	...	...	7
Torticollis	...	...	...	...	7

<i>Type of Disease.</i>	<i>No. of Cases.</i>
Spinal Curvature (other than T.B.)	17
Spastic Paralysis (not included above)	13
Flat-foot	7
Pseudo-coxalgia	4
Pseudohypertrophic Muscular Paralysis	1
Chorea	1
Osteoma	1
Other Forms of Paralysis	16
Other Conditions	46
(Not included above—origin uncertain)	
Talipes	20
Total No., 344.	

DENTAL DEFECTS.

The report of the Dental Officer will be found in Appendix B.

The dental statistics are given in Table IV, Group IV.

The opinion expressed of the usefulness of the Dental Van is worthy of note.

OPEN-AIR EDUCATION.

There is no special accommodation for open-air education. Some teachers, however, hold classes in the playgrounds in fine weather.

PHYSICAL TRAINING.

The reports of Miss Fraser and Mr. Gray, the Chief Organisers, will be found in Appendices C and D.

PROVISION OF MEALS.

Unfortunately it has again been necessary to have certain centres open in the West for the provision of meals.

Altogether 43,763 meals have been provided, principally dinners and teas, at an average cost of about 2d. per meal.

CO-OPERATION OF PARENTS.

Several hundreds of parents attended the medical inspections, and many visited the clinics regularly with their children.

CO OPERATION OF HEAD TEACHERS AND ATTENDANCE OFFICERS.

We continue to receive valuable help from both teachers and attendance officers, help which is very much appreciated.

CO-OPERATION OF VOLUNTARY BODIES.

The help given to us by the National Society for the Prevention of Cruelty to Children has been instrumental, as already noted, in lowering the number of dirty and verminous children almost to vanishing point. We are also greatly indebted to the Inspectors for the invaluable help they have given in securing treatment for children whose parents for one reason or another, or for no reason at all, refuse to have any form of treatment.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

During the year 18 deaf and dumb children and 3 blind children were in Institutions outside the County, at the charge, either in whole or part, of the Education Authority.

SECONDARY SCHOOLS.

All the Secondary Schools have been visited during the year for the purpose of medical inspection. It has not, however, been possible to re-visit all the schools.

As last year, only the entrants and children with uncorrected defects, noted at a previous inspection, have been examined.

I cannot consider medical inspection in Secondary Schools satisfactory unless leavers are examined as well.

In the following Tables will be found particulars of the figures for all the Secondary Schools, with the exception of Whitehaven, for which Dr. Muriel has issued a separate report (see Appendix E).

In the absence of a second visit to each school, it is impossible to state definitely what amount of treatment is carried out. It may, however, be said generally that the majority of defects are treated privately unless the financial circumstances of the parents will not allow of it. So far as is possible treatment for these cases is obtained.

The one exception to the statement that most defects are treated is in the case of dental defects. Comparatively few of these receive adequate treatment. It is, however, hoped that during the current year arrangements may be made for the dental treatment of all Secondary School children requiring it.

In Dr. Fraser's report on the first inspection in 1920 of the Secondary Schools he said:— "A surprisingly high number of children—369—had no defect of any kind." In 1920, of the 1,464 children examined 25% of them had no defect.

In 1924, 463 new children were examined, but 202, or 43·6%, had no defect.

In other words very nearly half the children examined in the Secondary Schools had no defect. In one group of four schools the percentage of scholars having no defect was as high as 53

The only explanation for this satisfactory state of affairs is that the treatment now given to children in the Elementary Schools is so satisfactory, that by the time they come to enter a Secondary School the defects from which they suffered have been cured.

TABLE A.

A general statement of the numbers examined, of the defects found, and of treatment obtained :—

	<i>Referred from 1923.</i>	<i>1924. New Cases.</i>
Number of children examined ...	329	463
Number of re-examinations ...	91	51
Children with no defects ...	21	202
Number of Children with defects referred for treatment ...	218	189
Left or absent at the re-visit ...	22	9
Children with all defects remedied	103	34
Children with some defects remedied or treated ...	45	16
Promised to obtain treatment ...	54	123
Entirely untreated ...	43	4
Refused ...	5	0
Total number of defects referred for treatment ...	244	219
Total number of defects treated or partially treated ...	163	54

TABLE B.

	Referred for Treatment.			Referred for Observation.			Treated.			Partly Treated.			Promised to obtain treatment.			Refused.			Untreated.			Left or absent at re-visit.		
	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924	From 1923	New 1924
Defective Teeth	189	...	130	3	...	1	47	...	4	35	...	2	50	...	112	1	...	...	31	2	...	12	3	...
Very Defective Teeth	12	...	2	—	...	—	—	...	—	—	...	—	9	...	—	1	...	...	11	2	...	1	—	...
Cleanliness	3	...	—	—	...	—	—	...	—	2	...	—	1	...	—	—	...	...	1	—	...	—	—	...
Malnutrition	...	...	—	—	...	—	—	...	—	—	...	—	—	...	—	—	...	...	—	—	...	—	—	...
Pulmonary Tuberculosis	1	...	—	—	...	—	1	...	—	—	...	—	—	...	—	—	...	...	—	—	...	—	—	...
Pretubercular	—	...	2	1	...	—	—	...	—	—	...	—	—	...	1	—	...	...	—	—	...	—	1	...
Bronchitis and Weak Chest	3	...	4	19	...	37	4	...	3	—	...	—	—	...	—	—	...	...	—	—	...	2	—	...
Organic Heart Disease	5	...	3	13	...	6	5	...	2	2	...	—	—	...	1	—	...	...	—	—	...	1	—	...
Functional Heart Disease	13	...	1	19	...	22	9	...	—	2	...	—	2	...	2	—	...	...	2	—	...	—	—	...
Anæmia	3	...	—	—	...	2	2	...	—	—	...	—	—	...	—	—	...	...	—	—	...	—	1	...
Defective Vision	22	...	24	10	...	4	14	...	18	—	...	—	7	...	6	—	...	...	5	—	...	—	—	...
External Eye Disease	2	...	12	8	...	8	6	...	6	—	...	—	1	...	3	—	...	...	—	—	...	—	—	...
Otorrhœa	5	...	1	1	...	4	3	...	1	—	...	—	2	...	—	—	...	...	—	—	...	—	—	...
Defective Hearing	3	...	1	2	...	6	3	...	1	—	...	—	—	...	—	—	...	...	—	—	...	—	—	...
Tonsils	7	...	5	8	...	15	2	...	2	1	...	—	1	...	2	2	...	...	2	1	...	1	1	...
Adenoids	—	...	1	5	...	7	—	...	—	—	...	—	—	...	1	—	...	...	—	1	...	—	—	...
Tonsils and Adenoids	2	...	1	2	...	3	1	...	—	—	...	—	1	...	—	—	...	...	—	—	...	—	—	...
Nasal Obstruction	—	...	1	—	...	—	—	...	—	—	...	—	—	...	—	—	...	...	—	1	...	—	—	...
Non-Pulmonary Tuberculosis	1	...	1	1	...	—	1	...	1	—	...	—	—	...	—	—	...	...	—	—	...	—	—	...
Spinal and other Deformities	10	...	16	5	...	3	9	...	8	—	...	3	2	...	3	1	...	...	4	—	...	—	—	...
Nervous Diseases	1	...	2	—	...	—	—	...	—	—	...	—	—	...	—	—	...	...	—	—	...	—	—	...
Impetigo	1	...	2	—	...	—	1	...	2	—	...	—	—	...	—	—	...	...	—	—	...	—	—	...
Scabies	—	...	2	—	...	—	—	...	—	—	...	—	—	...	2	—	...	...	—	—	...	—	—	...
Other Defects	4	...	7	7	...	12	4	...	2	—	...	—	1	...	4	—	...	...	—	—	...	—	—	...

MISCELLANEOUS.

(a) Exclusion of children from school on medical grounds.

68 children were excluded by the School Medical Officer for periods of one month and over, in addition 7 children were excluded permanently.

(b) Examination of Teachers (on appointment), Pupil Teachers, and Bursars.

1924.

New Cases.

No. Examined	...	...	...	...	130
No. without Defects	...	...	...	...	88
No. with Defects	...	...	...	...	42
Defective Teeth	...	...	...	...	20
„ Eyes	...	...	...	...	13
Other Defects	...	...	...	...	14

Of the above.

No. Re-examined	...	...	...	...	2
Defects Remedied	...	...	...	...	1
Defects still Unremedied	...	...	...	...	1

Cases referred from 1923.

No. of Cases	...	...	...	...	16
No. Re-examined	...	...	...	...	4
No. found fit on Re-examination	...	...	...	...	4
No. with Defects still Unremedied	...	...	...	...	—
No. given up Teaching	...	...	...	...	—

F. H. MORISON, M.D., D.P.H.,
School Medical Officer.

April, 1925.

APPENDIX A.

XXVIII.—*STATISTICAL TABLES*

For the Year 1924.

Table I.—Number of Children inspected.

Table II.—Return of Defects found.

Table III.—Numerical Return of all exceptional
Children.

Table IV.—Treatment of Defects of Children.

TABLE I.
RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	Intermediates	Leavers	Total
3004	2200	2708	7912

Number of other Routine Inspections :—

Nil.

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	7452
Number of Re-inspections	...	...	...	4273
				<hr/>
Total number of Other Inspections	...	..	..	11725
				<hr/>

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER 1924.

Defect or Disease.				Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
				Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
1				(2)	(3)	(4)	(5)
Malnutrition	...	...		16	3	41	10
Uncleanliness :							
Head	...	...		...	...	...	...
Body	...	...		...	...	...	...
Ringworm :							
Head...	...	...		16	3	86	...
Body	...	...		4	...	44	...
Scabies	...	...		21	5	60	1
Impetigo	...	...		54	...	144	2
Other Diseases (non-Tubercular)				32	16	195	23
Blepharitis	...	...		62	1	125	5
Conjunctivitis	...	...		7	1	29	...
Keratitis	...	...		1	...	...	2
Corneal Ulcer	...	...		...	...	...	...
Corneal Opacities	...	...		1	5	9	7
Defective Vision	...	...		346	300	355	306
Squint	...	...		19	16	15	25
Other Conditions	...	...		51	101	86	119
Defective Hearing	...	...		18	18	47	29
Otitis Media	...	...		42	12	92	12
Other Ear Diseases	...	...		3	1	20	1
Enlarged Tonsils	...	...		51	507	103	593
Adenoids	...	...		39	99	37	77
Enlarged Tonsils and Adenoids	...	...		29	55	43	53
Other Conditions	...	...		16	43	36	32
Enlarged Cervical Glands (non-Tubercular)				6	91	25	115
Defective Speech	...	...		...	35	1	48
Teeth—Dental Diseases	...	...			
Heart Disease :							
Organic	...	...		37	32	31	47
Functional	...	...		13	386	13	310
Anæmia	...	...		86	18	123	8
Bronchitis	...	...		70	48	80	18
Other (non-Tubercular) Diseases	...	...		13	485	56	360
Pulmonary :							
Definite	...	...		5	1	28	9
Suspected	...	...		49	6	159	20
Non-pulmonary :							
Glands	...	...		3	1	30	3
Spine	...	...		...	...	1	1
Hip	...	...		...	2	7	1
Other Bones and Joints	...	...		2	...	3	1
Skin	...	...		...	...	1	...
Other Forms	...	...		3	3	11	2
Epilepsy	...	...		2	1	1	7
Chorea	...	...		1	...	6	1
Other Conditions	...	...		1	2	14	7
Rickets	...	...		3	8	12	10
Spinal Curvature	...	...		22	19	16	21
Other Forms	...	...		22	26	35	26
Other Defects and Diseases	...	...		105	115	339	121
			
Total	...	...		1271	2465	2858	2433

TABLE II.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING
UNCLEANLINESS AND DENTAL DISEASES).

				Number of Children.		Percentage of Children found to require Treatment.
				Inspected.	Found to Require Treatment.	
Code Groups :—						
Entrants	...	...	3004	423	14%
Intermediates	...	...	2200	381	17%
Leavers	...	...	2708	416	15%

TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

			Boys	Girls	Total
Blind (including partially Blind).	Suitable for training in a School or Class for the Totally Blind.	Attending Certified Schools or Classes for the Blind...	2	1	3
		Attending Public Elementary Schools ... ..	...	1	1
		At other Institutions ... ..	...	...	...
		At no School or Institution...	...	...	...
	Suitable for training in a School or Class for the Partially Blind.	Attending Certified Schools or Classes for the Blind...	...	...	...
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution...	...	2	2
Deaf (including Deaf and Dumb and partially Deaf)..	Suitable for training in a School or Class for the Totally Deaf or Deaf and Dumb	Attending Certified Schools or Classes for the Deaf ...	12	4	16
		Attending Public Elementary Schools	4	3	7
		At other Institutions ... ..	...	...	...
		At no School or Institution...	1	1	2
	Suitable for training in a School or Class for the Partially Deaf.	Attending Certified Schools or Classes for the Deaf ...	...	2	2
		Attending Public Elementary Schools	8	12	20
		At other Institutions ... ..	...	...	...
		At no School or Institution...	...	...	...
Mentally Defective.	Feeble-minded. (Cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... ..	...	...	...
		Attending Public Elementary Schools	6	6	12
		At other Institutions ... ..	...	...	...
		At no School or Institution...	...	...	...
	Notified to the Local Control Authority during the year.	Feeble-minded	1	3	4
		Imbeciles ... ..	...	...	...
Epileptics	Suffering from severe Epilepsy.	Idiots	4	2	6
		Attending Certified Special Schools for Epileptics ...	...	...	...
		In Institutions other than Certified Special Schools	...	...	...
		Attending Public Elementary Schools ... ..	...	...	...
	Suffering from Epilepsy which is not severe.	At no School or Institution...	1	...	1
		Attending Public Elementary Schools	14	8	22
Physically Defective.	Infectious and Pulmonary and Glandular Tuberculosis.	At no School or Institution...	...	...	...
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	3	4
		At other Institutions ... ..	...	...	...
		At no School or Institution...	...	...	...
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	6	9
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	15	18	33
		At other Institutions ... ..	...	...	...
		At no School or Institution...	...	...	...
	Delicate Children. (<i>e.g.</i> , pre- or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.).	At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	939	792	1731
		At other Institutions ... ..	...	...	...
	Active Non-pulmonary Tuberculosis.	At no School or Institution...	2	1	3
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Public Elementary Schools	2	4	6
		At other Institutions ... ..	...	...	...
	Crippled Children (other than those with active Tubercul- ous Disease), <i>e.g.</i> , Children suffering from Paralysis, &c., and including those with severe Heart Disease.	At no School or Institution...	1	2	3
		At Certified Hospital Schools	6	8	14
		At Certified Residential Cripple Schools ... ..	...	...	...
		At Certified Day Cripple Schools ... ..	...	...	...
		At Public Elementary Schools	118	143	261
		At other Institutions	1	1	2
		At no School or Institution...	6	9	15

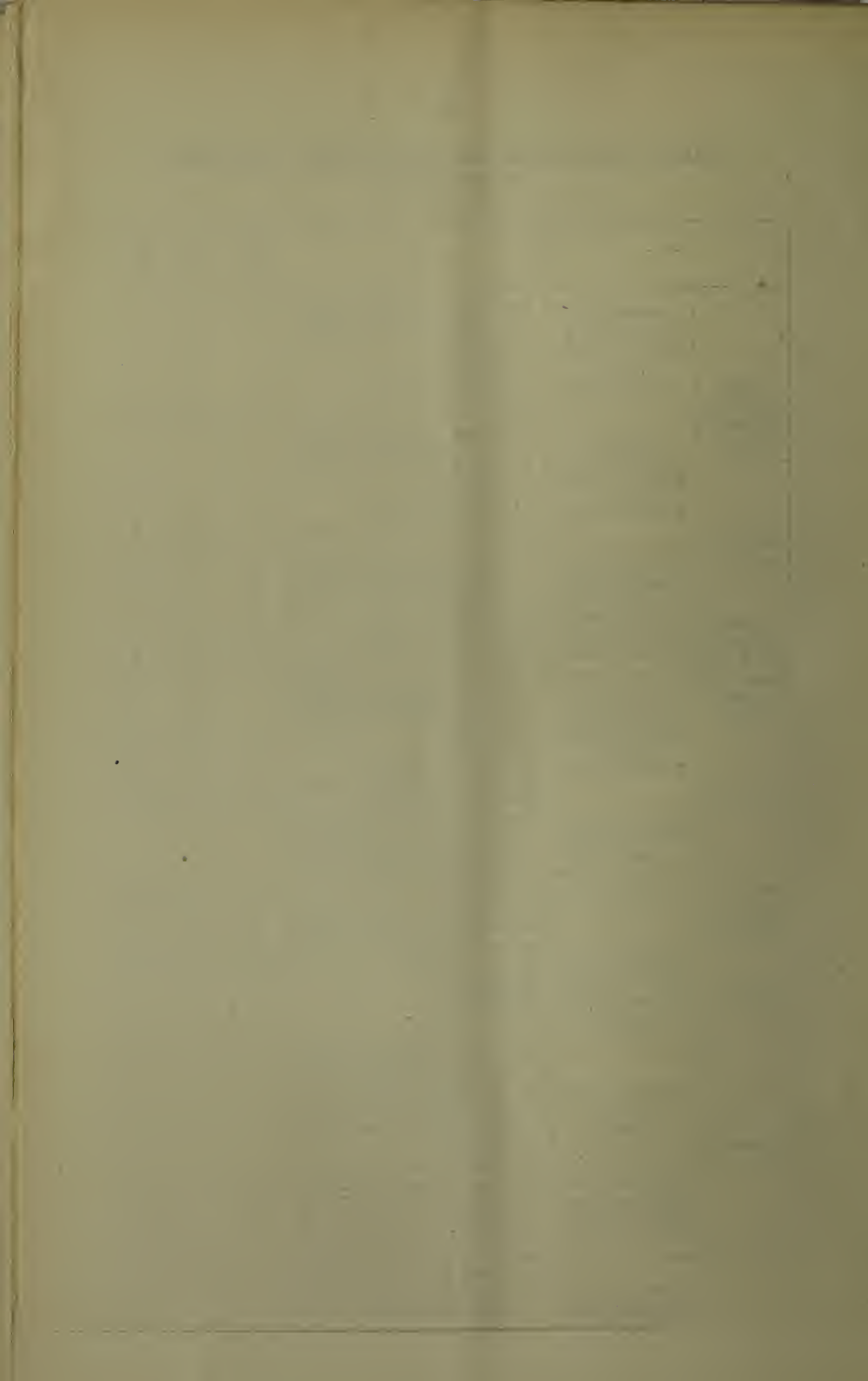


TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31st DECEMBER, 1924.

TREATMENT TABLE.

GROUP 1.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH
SEE GROUP 5).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin.</i>			
1. Ringworm—Scalp	94	...	94
2. Ringworm—Body	45	...	45
3. Scabies	73	...	73
4. Impetigo	468	3	471
5. Other Skin Diseases	214	...	214
6. Minor Eye Defects (External and other, but excluding cases falling in Group 2).	298	2	300
7. Minor Ear Defects	147	2	149
8. Miscellaneous (e.g., Minor Injuries, bruises, sores, chilblains, etc.).	735	13	748
Total	2074	20	2094

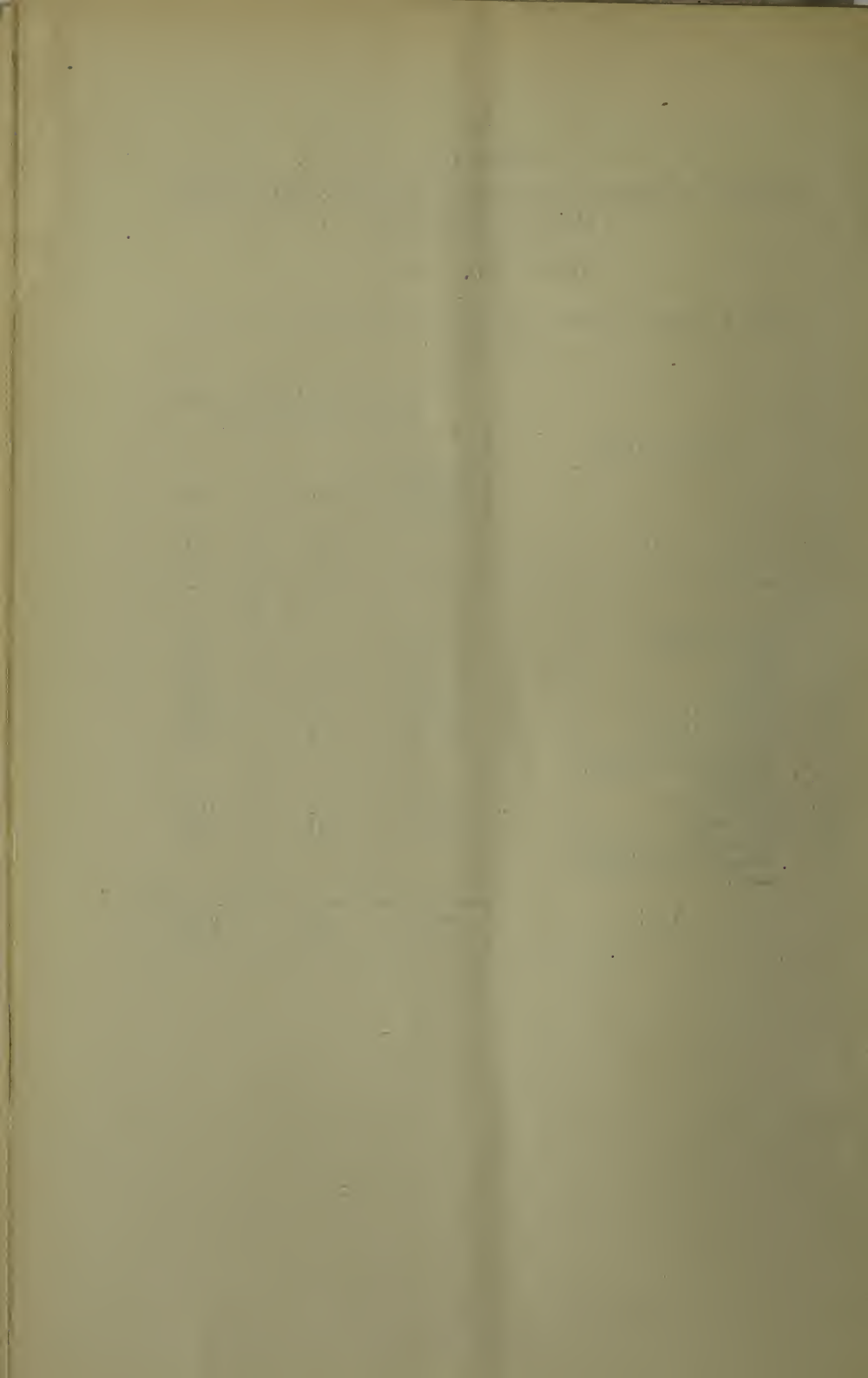


TABLE IV.

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP 1).

Defect or Disease.	Number of Defects dealt with,			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report) ...	284	41	...	325
Other Defect or Disease of the Eyes (excluding those recorded in Group 1) ...				
Total	284	41	—	325

Total number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	268
(b) Otherwise	...	...	41

Total number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	...	...	260
(b) Otherwise	...	...	41

TABLE IV, GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other form of Treatment	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
58	24	82	20	102

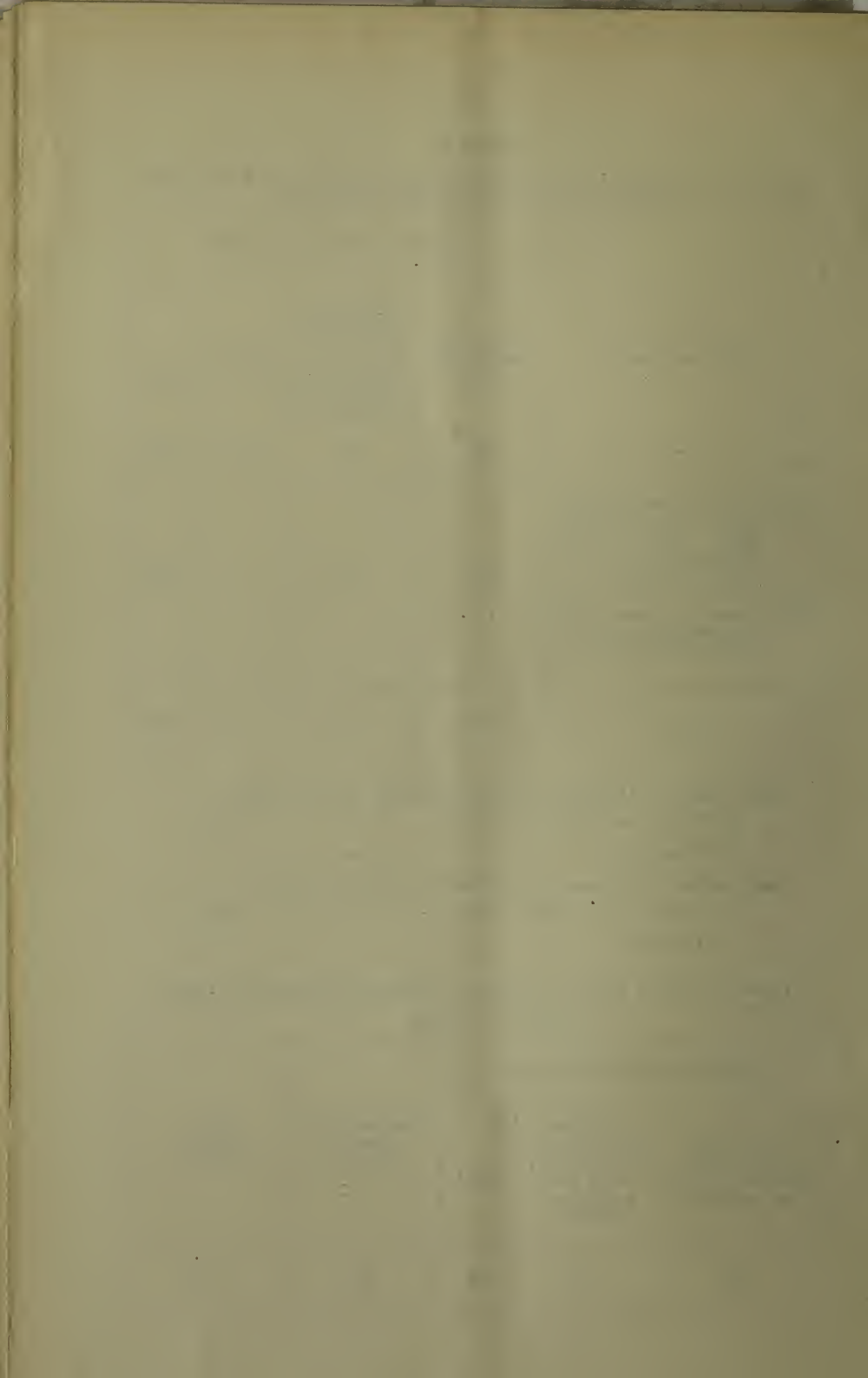


TABLE IV. GROUP IV—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged		
Routine Age Groups.	5	247	}	Total 2523
	6	256		
	7	318		
	8	353		
	9	320		
	10	309		
	11	309		
	12	204		
	13	178		
	14	30		
Specials		110		

Grand Total 2633

(b) Found to require treatment... 2048

(c) Actually treated 1076

(d) Re-treated during the year as
the result of periodical Ex-
amination 143(2) Half days devoted to { Inspection 40 } Total 348
 { Treatment 308 }

(3) Attendances made by Children for treatment 1611

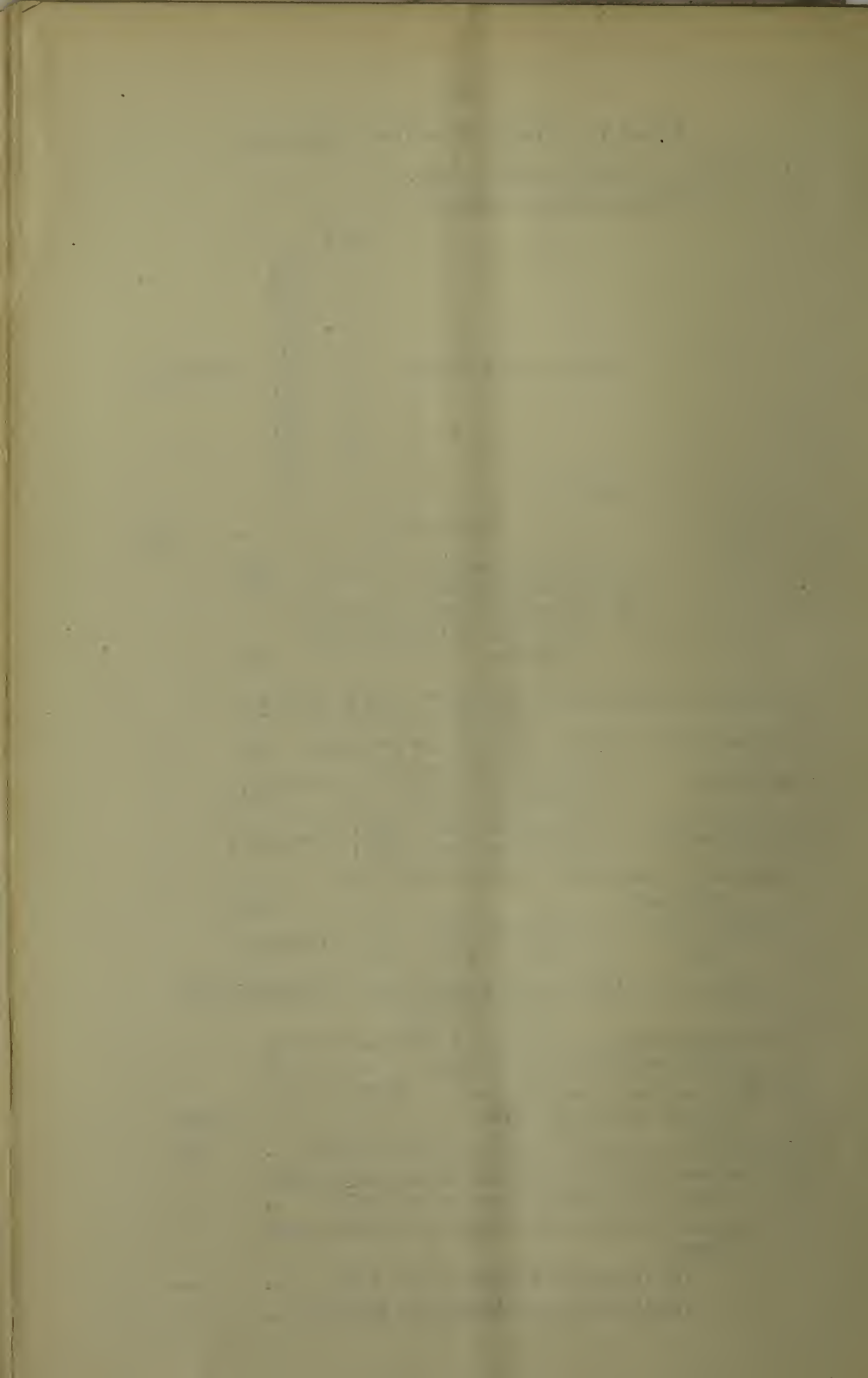
(4) Fillings ... { Permanent Teeth 924 } Total 933
 { Temporary Teeth 9 }(5) Extractions { Permanent Teeth 914 } Total 3574
 { Temporary Teeth 2660 }(6) General anæsthetics administered for
extractions 1097(7) Other opera- { Permanent Teeth 236 } Total 290
tions { Temporary Teeth 54 }GROUP V.—UNCLEANLINESS AND VERMINOUS
CONDITIONS.(1) Average number of visits per school made during
the year by the School Nurses 3(2) Total number of examinations of children in the
schools by School Nurses 48575

(3) Number of individual children found unclean ... 451

(4) Number of children cleansed under arrangements
made by the Local Education Authority ... —(5) Number of cases in which legal proceedings were
taken :—

(a) Under the Education Act, 1921 ... —

(b) Under School Attendance Bye-laws ... 4



APPENDIX B.

REPORT

OF THE

SCHOOL DENTAL

OFFICER

For the Year ended 31st December, 1924.

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APPENDIX B.

REPORT OF THE SCHOOL DENTAL OFFICER.

I beg to submit my Report on the work of Dental Inspection and Treatment for the year 1924.

It has been a year of great interest from the fact that we have been able to approach the question of the dental treatment of children in Rural Schools. The classification "Rural" involves a clear recognition and differentiation between such places as Matterdale on the one hand and Scotby on the other. Any scheme to be satisfactory must be capable of such elasticity as to permit me to reach, with all my impedimenta, villages on the highest hills in the County. It is a very easy matter to organise dental treatment for village schools which are within easy access of towns possessing a well equipped Medical Clinic. In sparsely populated districts with poor facilities for transport, the problem becomes more difficult of satisfactory solution. For example, in actual practise for a child at Hutton Roof School to reach the Penrith Clinic for treatment was a long and trying day both for parent and child. There was a walk of six miles to the nearest railway station (Troutbeck), followed by a train journey to Penrith. The dentist was interviewed (sometimes after a long period of waiting), possibly three or four teeth were extracted, and then the journey home commenced. This occupied the whole day for the parent and patient. One can readily appreciate that the child had to be "fair mad wi' the toothache" before such an outing could be contemplated. In the face of such difficulties, preventive work is I am afraid out of the question.

The provision of a Motor Dental Van has, in my opinion, solved the difficulty, and has put the treatment of rural children on an extremely satisfactory basis. The van has been an unqualified success from every point of view. Before commencing work with the Dental Van, it was generally thought that work must necessarily be confined to

the summer months, experience this winter has shown, however, that work can be carried out even in the coldest days in comfort. As a matter of fact, the van has been in use up to the end of the year. Briefly, the system is as follows :— Having selected a group of schools, I visit, accompanied by the Nurse, each school by car, the inspection of the children's teeth then takes place, and having decided what children require treatment, letters are sent to their parents asking whether they wish such treatment carried out. On receipt of the replies each school is visited in turn with the van, it being left in the school premises until treatment is completed.

To travel the van backwards and forwards would be very costly, therefore whilst I am driving the van to a school, Nurse drives a small car, which is used to convey us to and fro. In practice, this scheme works admirably, and it has the added advantage of saving 2/6 nightly for garage of the large van. It was found a matter of some difficulty to get the van into many Country garages owing to its height and breadth.

Inspection and treatment have been carried out by van since September, 1924, at the following schools :—Threlkeld Quarry, Threlkeld C. of E., Mungrisdale, Hutton Roof, Penruddock, Greystoke, Stainton, Dacre, Watermillock, Matterdale, Gilsland. These Rural Schools were selected as a critical test for the van owing to their inaccessibility, and in many cases, their poorness of approach by road. In no case was the slightest difficulty experienced, even in such a difficult approach as Watermillock School. Dacre stands out very prominently in this list of schools, and I feel it my duty to single it out for mention. Here we found 33 $\frac{1}{3}\%$ of the children with absolutely healthy mouths. The remaining 66 $\frac{2}{3}\%$ all accepted dental treatment, and gave no trouble in the chair, indeed their behaviour was most exemplary. It reflects very high credit on the Headmistress of this school. Her propaganda efforts were most enthusiastic and as a result of her keenness there is now no single child

in the school whose mouth is not perfectly healthy. This school amply proves my contention mentioned in last year's report, viz., that one of the principal factors in successful school dentistry is the enthusiasm of the Head Teacher. They usually enjoy the confidence of the parent, and are often consulted with regard to our work. A judicious word from a Master or Mistress in this position is invaluable to us. The other main factor in making a School Dental Service successful is a good Dental Nurse, at times no easy post to fill.

The parents in the Country districts have been very enthusiastic over the efforts made to bring dentistry within the easy reach of the school children, because they appreciate fully the fact that their family must often suffer before a suitable opportunity arises of visiting a City dentist.

As to the van itself, a 40 gallon tank of water is situated just under the roof. This is connected by a pipe and tap to a wash-hand basin. We have, therefore, all the advantages of running water in our treatment. The tank is filled through a cock in the side of the van, and we do this at any convenient centre, or where we are able to borrow the use of a garden hose. Water is heated by means of a kettle which is kept boiling on a Valor Perfection Oil Stove. This stove burns with an absolutely fumeless flame, and serves to warm the van during the winter months. The interior has always been comfortably warm on even the coldest day. We have a dental chair, and all the usual instruments so familiar to and beloved by those who visit the dentist. They are all in situ, and we can be at work within quite a short time of arriving at a school. This is a great advantage over the portable kit in use in many Counties. In these, the Dental Officer often enough has no water supply, he may have no accommodation in the school but a passage or some other odd corner in which to erect his outfit. The erection and packing of this occupies a certain and definite part of his day's time (already short in winter) which we are free to use in treatment. The propaganda effect of the arrival of the van in a Country

village must not be forgotten. It provides an excellent and legitimate advertisement before we commence operations at all.

With regard to the Urban Dental Clinics, I have to report that Aspatria was finished and the Clinic closed in February. Work in the Whitehaven area continued until the beginning of June. A re-examination and re-treatment of Penrith was then undertaken, and this was completed by December 31st, 1924. This re-examination was of very great interest, for it gave an opportunity of noting any change in the mouths obvious as a result of the treatment provided in 1921. It is very gratifying to report that I was able in nearly every case to divide the children as they were examined into two classes, viz., those who had been treated on the occasion of our last visit, and those who had refused to be so treated. Speaking in a general way, very little treatment sufficed for those who had been under treatment in 1921. One satisfactory feature of the year's work is that the number of extractions is very much lower, whilst the number of fillings has risen very considerably.

This means a lower return in actual numbers in my report, but a very much higher standard of dentistry. The ultimate aim of any successful School Dental Service is the elimination of the extraction of permanent teeth and their treatment by fillings. One class of case has been highly pleasing in this re-examination of Penrith. I refer to those children who have had their teeth regulated by the judicious extraction of a certain tooth or teeth. These were all very successful, and in nearly every case it was impossible to note any space where the tooth or teeth had been removed, other teeth had been moved into the space. In only one case was there a failure. School Dentistry has advanced another stage in Penrith with the re-treatment provided this year. All the children in the age groups 5—10 years have been examined and re-examined, and been given the opportunity of adequate treatment. In three years time all children should then be under dental supervision there.

In connection with the re-treatment of Penrith, I was strongly impressed with the one weak point in the present system. We complete the children in a certain district, and close down the Dental Clinic. At present, owing to staffing shortage, we are unable to appear again to re-treat under $3\frac{1}{2}$ years. It is highly desirable that the larger permanent Clinics should be open for treatment one day in every week to give a permanent service to these places, and be always accessible for any emergency work.

In conclusion, may I say that the necessity of appointing an Assistant Dental Officer and Nurse cannot be overstated. It is essential that I be freed to return and re-examine districts oftener than once in $3\frac{1}{2}$ years as at present happens. The matter being at present under consideration, nothing further need be said.

F. E. GILLIERON,
School Dental Officer.

For Statistics see Tables.

APPENDICES C and D.

REPORTS

ON

PHYSICAL TRAINING

for the Year ended 31st December, 1924.

APPENDIX C.

REPORT OF THE CHIEF (WOMAN) ORGANISER
OF PHYSICAL TRAINING.

The organisation of Physical Training in the County during 1924 has continued on the same lines as in 1923.

Definite progress has been made in the educational work, but with the exception of a number of cases in the Secondary Schools, no remedial work has been undertaken by the Physical Training Staff.

The new pamphlet of Physical Exercises for Rural Schools published by the Board of Education has been found very helpful by the Teachers.

STAFF.

No changes have taken place in the personnel, or the respective areas of work of the members of the staff which consists of :—

- 1 Chief Woman Organiser.
- 2 Assistant Organisers, who also spend a part of their time teaching in two of the Secondary Schools.
- 1 Instructress for Secondary Schools.

TEACHERS' CLASSES.

Classes in the theory and practice of Physical Training, Games, and Dances have been held during the year at the following centres :—

Millom, Whitehaven, Maryport, and Cockermouth.

There has been a good attendance of Teachers at these courses, and much interest and enthusiasm has been shown.

ACCOMMODATION.

Accommodation for Physical Training in the County is still most inadequate, and constitutes a serious handicap to the progress of the work. Cumberland is a notoriously wet

County, yet in very few playgrounds is there a covered shed or any protection from the weather, and only a very limited number of schools are fortunate enough to have a "Hall" at their disposal.

PLAYGROUNDS AND PLAYING FIELDS.

A certain number of playgrounds have been repaired during the year, but still there remains a very great deal to be done in the way of improving and re-surfacing many of these yards. Some, indeed, are positively dangerous, in view of the active work now being done in the Physical Training lessons.

There has been an increase in the number of schools that have secured the use of "Fields" for Organised Games, but in the agricultural districts it is often difficult to obtain any land within a suitable distance of the school.

ORGANISED GAMES.

Much interest and enthusiasm has been shown by Teachers and scholars in the development of Organised Games throughout the County, and quite a large number of inter-school matches have been played.

Net Ball Leagues have been formed in the Millom, Whitehaven, and Penrith Rural Districts, and the standard of play has considerably improved.

SPORTS.

KESWICK AND DISTRICT INTER-SCHOOL SPORTS.

The standard of these sports is always very high, but this year the greatest keenness was shown by girls from Crosthwaite, St. John's, and the two Threlkeld Schools, who competed for the silver cup presented by the late Mr. Marshall.

All the events were well contested, but the High Jump and Throwing the Cricket Ball were distinctly above the average. Mrs. Spedding kindly presented the cup to the Crosthwaite Girls, who gained the highest number of points.

SWIMMING.

Wigton is the only centre in the County where girls from the Elementary Schools receive instruction in swimming during school hours. Sixty girls from the National and Roman Catholic Schools attended the Baths, and of these, 41 can now swim. The figures for Culgaith School are not to hand.

SECONDARY SCHOOLS.

All the girls in the Secondary Schools in the County have continued to receive tuition from Physical Training specialists.

Brampton Secondary School and the Thomlinson Girls' School are to be congratulated on their new Time Tables, which enable each class to receive two lessons of forty minutes duration per week. At Wigton, also, the classes have been re-grouped, and all Educational work is now taken in the morning, Remedial and Special Exercises being done in the afternoons. This is a great improvement, and will undoubtedly raise the standard of work.

MARGARET FRASER.

APPENDIX D.

REPORT OF THE CHIEF (MAN) ORGANISER OF
PHYSICAL TRAINING.

I beg to submit my report on the Physical Training for the year ended 31st December, 1924.

The enthusiasm and interest of the Teachers for the physical welfare of the school children of the County has been maintained throughout the year. The Head Teachers are now in agreement with the Physical Training lesson being taken in the morning. The morning outing, combined with vigorous exercise, is essential to health, and the benefit derived from it will add to, rather than subtract from, the output of mental energy during the morning's work. The division of classes into teams is becoming general, and the competitive spirit aroused thereby is very noticeable.

Staff.

The staff remains the same as last year, and a re-arrangement must soon be made to give the senior boys at Millom Secondary School the same facilities for training under an expert as exist at all the other County Secondary Schools.

Accommodation,

I am glad to report that active steps are being taken to improve the playgrounds of the Elementary Schools. The question of storage and care of games apparatus requires immediate attention. If the apparatus is looked after, it lasts much longer, and is always at hand when required.

Syllabus.

The new 1924 Syllabus for Rural Schools, already issued to all these schools, should prove very useful when combinations of classes are necessary. It should also provide a fresh stimulant to the Teachers concerned.

Playing Fields.

The number of playing fields is on the increase, but unfortunately at the bigger centres such as Penrith and

Cleator Moor, little progress has been made. The newly acquired fields at Great Broughton, Silloth, Blackford, Gilcrux, and Greysouthen are proving a great acquisition.

Swimming.

The following number of boys and girls attended the Public Baths at Wigton during the summer :—

<i>School.</i>		<i>Boys.</i>	<i>Girls.</i>
Wigton National	... 40	... 37	
Wigton Roman Catholic	... 33	... 32	

At the close of the season 85% of these boys could swim, and 75% of the girls. The numbers are an increase on the previous year, and indicate that practically $\frac{1}{3}$ of the children attending these schools go to the baths. It is to be hoped that the numbers are doubled next year.

Scouts.

The Teachers in the Elementary Schools should seriously consider the advisability of introducing the Scout Movement into their schools. The Teachers at Ellenborough have found that the training develops character and self-reliance. I shall have great pleasure in putting my own experience at the service of Teachers who are thinking of forming troops.

County Schools Football Association.

The final match of the above Association took place on Friday, 4th April, in the Cricket Field, Whitehaven, between Arlecdon Council and Fairfield Boys', Cockermouth; Arlecdon won the shield, which was presented by Mr. J. J. Adams, C.C. The Arlecdon boys also won the Lonsdale Cup, beating a select Carlisle team. Mr. G. B. Brown, Director of Education, presented the cup to the winners. The Teachers in the Keswick district have inaugurated a competition this year, a local gentlemen offering a handsome cup as a trophy. A School League has been formed at Maryport, and has made quite a good beginning. The Harrington and Lowca Teachers have revived the Derwent

Valley League Competition. Although little is being done in the way of competition for the game of Rugby, it is being carried out as part of the organised games at Aspatria, Allhallows, Dearham, Ellenborough, Grasslot, Hensingham, and Millom.

Sports.

School Sports are becoming very popular as the following list will show :—

<i>School or Schools.</i>	<i>Date.</i>	<i>Number of Competitors.</i>
Cleator Moor, Frizington & District Schools	5th July	400
Millom & District Schools	11th July	100
Cockermouth „	17th July	400
Gilcrux School	5th July	80
Cumwhinton School	12th July	65
Blackford „	18th July	60

Meetings have been organised and carried through by other schools, but no complete record is available.

An excellent and interesting Demonstration of Physical Exercises and Games was given by 50 boys from Fairfield and All Saints' Schools at the Cockermouth meeting.

In such a remote district as Nenthead, the schoolboys and Teachers are keen on all forms of sport, in fact all sport in the district emanates from the school.

Workington Juvenile Unemployment Centre.

The Physical Training, General Activities, and Games continue to be the most popular subjects on the curriculum at this centre. The wet season has kept them indoors occasionally on games afternoons, but they take kindly to Ball Games and Boxing. The provision of shoes has been a great asset.

Equipment.

Equipment of a varied nature has been issued to schools at a cost equal to one penny per child. These supplies are

often augmented from funds provided by teachers, parents, and scholars.

Secondary Schools.

The work in the Secondary Schools does not vary much. All seem to be making the best of the accommodation and time given. At Whitehaven and Brampton the present buildings used as gymnasia are not by any means suitable. At Carlisle Grammar School new apparatus in the form of Climbing Ropes, Wall Bars, and large Mats have been secured for the gymnasium. The addition of a Box Horse and Boom would bring this fine building absolutely up-to-date.

COMPETITIONS.

Wigton.

On Friday, 23rd May, the Nelson School held their Annual Competition. Form V and VI (combined) taking first place. A striking feature of the contest was the keenness of the boys.

Whitehaven.

The County Secondary School held their competition on Tuesday, 24th July, and after a keen contest, Form V A. gained the place of honour. The work showed the good results of regular and careful tuition, and the neat clean appearance and excellent discipline of the boys deserved commendation.

Keswick.

On Thursday, 4th December, the High School held their Gymnastic Competition. The combined classes of V A. and Oxford VI won the championship. The work was good, and a wonderful improvement was shown in the junior forms.

It is urged that at each Secondary School there should be an allotment of two periods each week for Physical Training.

EVENING CONTINUATION CLASSES.

	On Roll.			Teacher.
Penrith	16	...	Mr. Hargreaves
Whitehaven	...	18	...	Mr. Smith
Cleator Moor	...	15	...	Mr. Burns

The Penrith class meets twice per week in the Grammar School Gymnasium. At Whitehaven, the boys are very keen, and thoroughly enjoy themselves. The class at Cleator Moor shows an average attendance of 13 this season, but the lack of sufficient games apparatus is a handicap. At Maryport and Egremont Centres, Physical Training Classes for students are very much desired. Given the opportunity, the male students at these centres would be delighted to join a class. Competitions with other centres in Football, Hockey, Cricket, Tennis, and General Sports could be arranged.

TEACHERS CLASSES FOR MEN.

The following classes were held during the year :—

	On Roll.			Teacher.
Workington	...	20	...	Mr. W. S. Gray
Aspatria	...	16	...	Do.

At Workington, eight County and twelve Workington Teachers attended the Refresher Course. A very good class of boys was present on the last four nights from the Higher Standard School for demonstration purposes. All the Men Teachers in the district attended the class held in the Drill Hall, Aspatria. This was a most enthusiastic class, the attendance being practically perfect, and an excellent class of boys attended from Aspatria Council School, which allowed a greater variety of work to be gone through. On the last meeting of the class, an "Open Night" was held, when thirty of the local Teachers were present.

W. S. GRAY.

APPENDIX E.

WHITEHAVEN COUNTY SECONDARY SCHOOL.

MEDICAL REPORT FOR THE YEAR 1924.

During the year 1924, I have made 384 examinations of the pupils of the school. These have been made in the ordinary routine course, and there have been several additional examinations at the request of the Headmaster, and several "casualties" have also been treated.

Eighty of these examinations have been "Primary" Examinations, *i.e.*, examinations made of new pupils, and the first part of my report will be on these 80 cases.

Of these 80, no less than 37 have been found to be normal in their general health, physique, etc. This is a very much larger proportion than usual, but I account for this by the fact that I have not this year excluded those who have defective teeth, but who are otherwise normal and in good health. Of defects, "Tonsils and (or) Adenoids" and "Defective Teeth" are the main ones noted, there being 20 under each heading. The number of cases of decayed teeth in the whole school is very large, and is especially marked among those re-examined. This is as one would expect, but it is a defect which can and should be corrected as it may, and generally is, the precursor of many serious diseases. I will refer to this later when on the same subject under the re-examinations.

The 20 cases of Tonsils and (or) Adenoids vary very greatly in their severity, but some of the apparently small ones need removal more than the large ones; the size not necessarily having a great deal to do with the question of removal.

General Physical Development.

No less than 19 out of the 80 pupils require to a greater or less degree some physical drill to overcome "round shoulders," "stooping," etc., etc. A great many of these cases of "round shoulders" are accompanied by, and probably caused by defective vision or enlarged tonsils.

Goitre.

There were only 3 cases of goitre to be noted, and none of them were very marked. This is as one would expect, as the school-entering age is too young for this condition to manifest itself.

Eyes.

Only 7 pupils have defective vision, or rather need spectacles, as judged by the ordinary sight-testing method. It is quite possible, in fact probable, that there are more than this number, but the ordinary testing by "test-type" letters does not bring this out. I noted several cases where the wearing of spectacles seems to give little or no improvement, in fact, vision appeared to be better without rather than with some of the spectacles. Again, in at least 2 cases, I noted that the frames were badly fitting, which quite probably made the eyesight worse instead of better. In addition to the errors of refraction there were other outward and curable eye troubles. One child being noted as having "blepharitis," and at least two others as having "sore-eyes" or "conjunctivitis."

Only one pupil could be said to have really weak lungs, and none had actual tubercular disease in the lungs. There were, however, four others who I have noted as being decidedly "delicate," and who I consider will need to be re-examined, and to be kept under observation. One pupil had a "murmur" at the heart, suggesting a definite organic lesion which, however, gave no signs of want of compensation.

One boy was very deaf, and another gave a history of "discharging ear," which, however, at the time of examination, was dry.

There were eight cases of ordinary anæmia, all of which were only slight. Two cases of chronic non-contagious skin diseases were found—both were cases of psoriasis.

Re-examinations.

Two hundred and thirty-eight pupils were re-examined during the year under the ordinary routine, and 66 were specially examined and passed before going to the Exhibition at Wembley in August. Of the 238, only 85 were without a defect of some sort—a lower percentage than usual. No less than 62 were found to have decayed teeth. This seems a large percentage, and I am of opinion that it is really even higher, as the necessarily cursory examination made into this condition must pass by a number of cases. No less than four of the elder pupils of the school wear “dentures.” Two definite cases of pyrrhœa were noted amongst these re-examinations.

I think this question of defective teeth is a somewhat serious one, as it may very much affect, sooner or later, the health of the individual very considerably. If such defects can be corrected in their early stages, the general health of the pupil is bound to benefit very much. The best procedure would, of course, be for the pupils to go to their own dentists, but inasmuch as this is frequently *not* done, the question of the provision of a School Dentist calls for serious consideration.

Tonsils and Adenoids.

There were 46 cases of enlarged tonsils and (or) adenoids. Several of these were cases which had been called attention to before, and were undoubtedly unhealthy. Attention has again been drawn to this condition, and in some cases the tonsils and adenoids have been removed.

Forty-one cases show defective physical development. The greatest improvement in this condition is noticeable in the senior pupils (boys and girls), who are examined at the end of the academical year. These are the pupils who are about to leave. It is a very marked and satisfactory thing to note the improvement in development as they progress in the school world—due, I think, greatly to their drill and gymnastic exercises, together with their games.

I feel justified in here commenting on this improvement, and most certainly consider that the Physical Culture Department is one of the most essential branches of the school curriculum, and makes for the health and strength, as well as the mental development of the pupils.

Eyesight.

Thirty-three pupils have some error of refraction and ought to wear spectacles. Some do so, but numbers, as I have reported before, do not apparently use them, even if they have them; again some would seem to have had decidedly unsatisfactory spectacles. I am keeping an eye on all the cases to see whether the defect is altering from time to time, and where necessary, urging further attention.

Goitres.

Twenty-nine cases were noted of this condition. Some of these are only transient enlargements of the thyroid gland, which occurs during adolescence. Quite a large number, however, are definite goitres, and I think there is no doubt a great increase in this district during the last few years of this condition.

Heart.

Three pupils show definite signs of organic heart disease, but in all cases the heart is compensating thoroughly well.

Five cases of functional murmurs were heard, and were in combination with anæmia.

There were no cases found of any contagious skin disease, but three chronic skin conditions (one of marked ichthyosis in a thin undergrown child, and two cases of psoriasis).

One pupil had a deflected septum of the nose.

Lungs.

No child had definite lung disease, but five have been kept under observation during the year for "weak chests" or for being "delicate." Two of these have definitely

improved, and the other three are still being kept under observation.

No less than 24 pupils are marked down as anæmic. These are mostly amongst young girl pupils who are subject to this condition.

One boy has a condition of "club-foot," etc., for which he has been having treatment, and another has had treatment for "infantile paralysis."

G. BERTRAM MURIEL,
B.A., M.B., B.Ch. Cantab, M.R.C.S. Eng., L.R.C.P. Lond.

